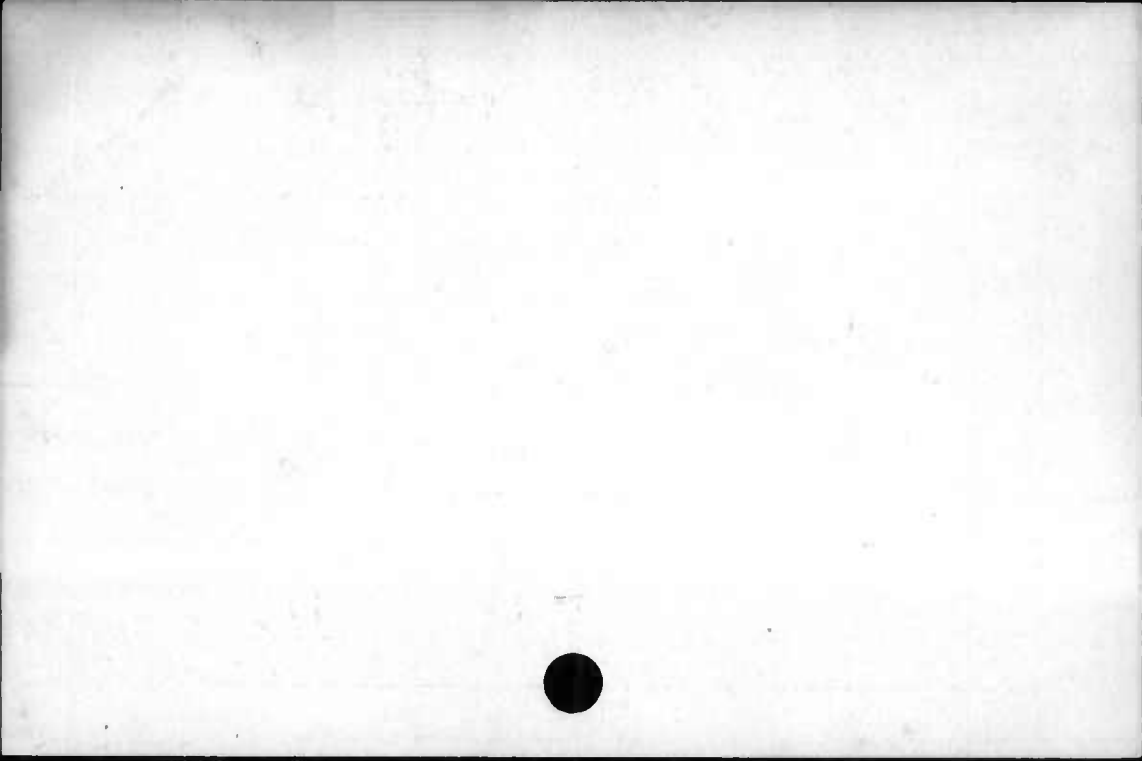


Name in Full		George E. Allen				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	Date of death 1906		Month	Day	Years	Months	Days
	Sex		Color or Race	Age		Birth-place	
	Married, Single or Widowed		Occupation				
	Name of Wife or Husband						
	Father's Name		Father's Birthplace				
	Mother's Maiden Name		Mother's Birthplace				
Name of person giving information		How related to deceased					
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary	Tuberculosis				How long	5 yrs -
	Immediate	Failing of vital powers				How long	Six hrs.
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address		
	Accident or Suicide?						



Name
in
Full

James Thomas Burch

13/1/I

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Dorsey's Run</i>		County <i>Howard</i>		MARYLAND	
Date of death		Month <i>Jan</i>	Day <i>16</i>	Years <i>39</i>	Months <i>11</i>	Days <i>26</i>	
Sex <i>Male</i>		Color or Race <i>White</i>			Birth-place <i>Virginia</i>		
Occupation <i>Foreman of laborers</i>				Where Residing if not at place of death <i>Home at Fincastle, Va.</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Nora Carpenter</i>					
Father's Name <i>Charles Calvin Burch</i>						Father's Birthplace	
Mother's Maiden Name <i>Auna Ballard</i>						Mother's Birthplace	
Name of person giving information <i>Mrs. Nora Burch</i>						How related to deceased <i>Wife</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Struck on head with stone</i>	How long	<i>(166)</i>
Immediate	<i>Cerebral Hemorrhage</i>	How long	<i>8 1/2 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<i>Wm. B. Lambrell</i>	
Address		<i>Albertain, Md.</i>	
Accident or Suicide?			

Southville Va

Name in Full		Lottie M. Cross		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Fulton	County Howard	MARYLAND	
	Date of death	Month Jan	Day Monday	Years	Months 11 Days
	Sex	Female	Color or Race	White	Birth-place Fulton
	Occupation	Where Residing if not at place of death			
	Married, Single or Widowed	Name of Wife or Husband Sarah E. Cross			
	Father's Name	Thurmer A. Cross		Father's Birthplace	
	Mother's Maiden Name	Sarah E. Lewis		Mother's Birthplace	
Name of person giving information	John R. Guille		How related to deceased No		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	Unknown		How long	—
	Immediate			How long	
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	J. R. Reynolds
				Address	Severna Park
	Accident or Suicide?				Ind



Name
in
Full

Margaret Dorsey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>alpha</i> Town		<i>Howard</i> County		MARYLAND	
Date of death 1906	Month <i>Jan</i>	Day <i>19th</i>	Age	Months <i>2</i>	Days <i>24</i>
Sex <i>Female</i>	Color or Race <i>colored</i>		Birth place <i>Balto md</i> <i>unv. md Hospital</i>		
Married, Single or Widowed <i>X</i>			Occupation		
Name of Wife or Husband					
Father's Name <i>George Flearning</i>			Father's Birthplace <i>not known</i>		
Mother's Maiden Name <i>Ella Dorsey</i>			Mother's Birthplace <i>Baltimore Md</i>		
Name of person giving information <i>Ella Dorsey</i>			How related to deceased <i>mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>not known</i>	How long <i>not known</i>
Immediate <i>not known</i>	How long <i>not known</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes as far as obtainable</i>	Signature of Physician <i>Benz. F. Shipley M.D.</i>
there seems to be no cause	Address <i>alpha Md</i>
Accident or Suicide? or Homicide	

The child according to the mother's
account seemed to be in a healthy
condition ^{up to} the night previous to death
according to knowledge gained from the
mother ^{the child} was, whining & moaning all night
& was 'alone' 4 am Jan 19th; she went to
sleep again (that is the mother) & when
she ~~awoke~~ awoke at 6 am same date she
found the child dead. (Knowledge
gained from mother of the child
no doctor saw the child before
death, I did not see the child
previous or after death)

B. F. Shipley M.D.

Name
in
Full

CERTIFICATE OF DEATH

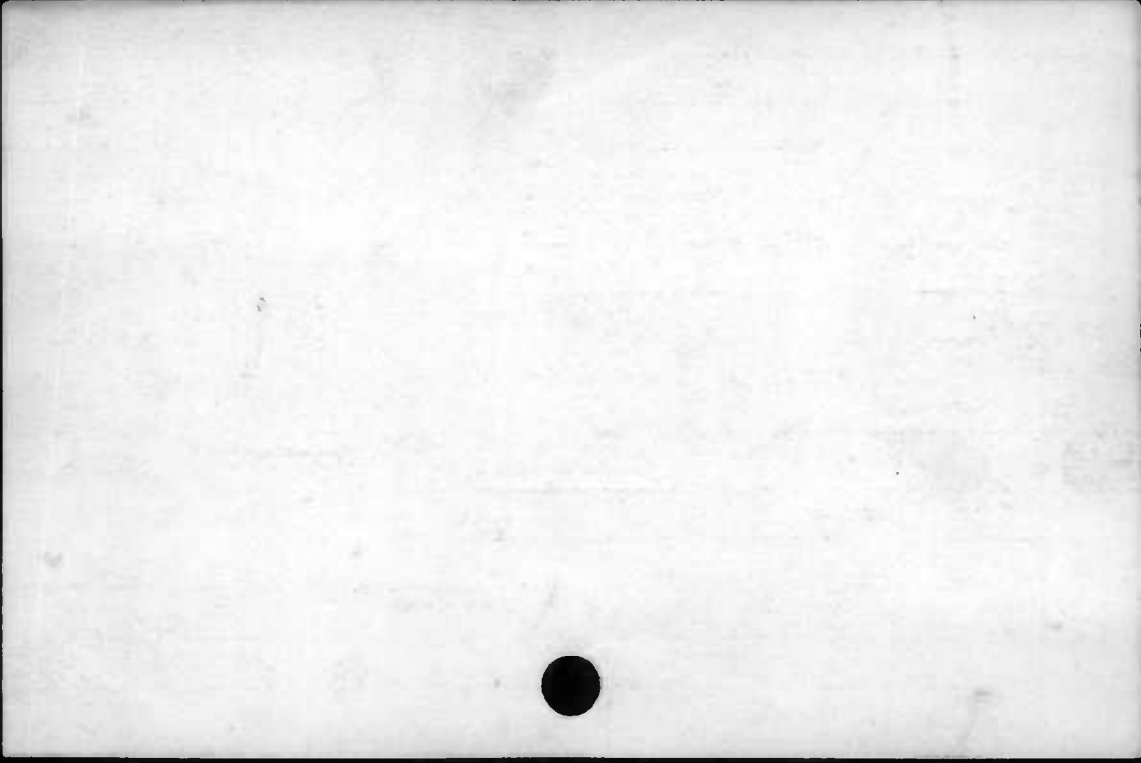
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Jessup</u> Town <u>Duwall</u>		County <u>Howard</u>		MARYLAND	
Date of death <u>1900</u> /Month <u>1</u> Day <u>25</u> Age <u>—</u> Years <u>—</u> Months <u>—</u> Days <u>16</u>		Sex <u>Male</u> Color or Race <u>White</u>		Birthplace <u>Jessup Md.</u>	
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Edward H. Duwall</u>		Father's Birthplace <u>Jessup Md.</u>			
Mother's Maiden Name <u>Lillie Helen Crook</u>		Mother's Birthplace <u>Jessup, Md.</u>			
Name of person giving information <u>H. H. Duwall</u>		How related to deceased <u>Uncle</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Premature birth</u>	How long <u>16 days</u>
Immediate <u>Transition</u>	How long <u>16 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Art. Gunnwald</u>
	Address <u>Jessup —</u>
Accident or Suicide? <u>No</u>	



Name
in
Full

William H. Farrell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>High Bridge</i> <small>Town</small>		<i>Harvard</i> <small>County</small>		MARYLAND	
Date of death <i>1906</i>	<i>Jan</i> <small>Month</small>	<i>9</i> <small>Day</small>	<i>70</i> <small>Years</small>	<i>"</i> <small>Months</small>	<i>14</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>A. A. Co</i>		
Occupation <i>Miller</i>	Where Residing if not at place of death <i>High Bridge</i>				
Married, Single <i>yes</i>	Name of Wife or Husband				
Father's Name <i>Alfred Farrell</i>	Father's Birthplace <i>A A Co</i>				
Mother's Maiden Name <i>Achie Maloney</i>	Mother's Birthplace <i>A. A. Co</i>				
Name of person giving information <i>Wm Farrell</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>unknown</i>
Immediate <i>trauma</i>	How long <i>3 years</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. P. Ryner</i>
	Address <i>Sacred</i>
Accident or Suicide? <i>no</i>	

25-

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name in Full *Rachel Ann Frey* Town *Pine Orchard* County *Howard*

Died at *Pine Orchard*

Date of death *1906* Month *Jan* Day *8* Age *59* Years Months *—* Days *—*

Sex *Female* Color or Race *White* Birth-place *Md.*

Occupation *House duties* Where Residing if not at place of death *—*

Married, Single or Widowed *Widow* Name of Wife or Husband *John H Frey*

Father's Name *Henry Clark* Father's Birthplace *Md*

Mother's Maiden Name *Elizabeth Stansbury* Mother's Birthplace *Md*

Name of person giving information *Rachel Ann Frey* How related to deceased *Daughter*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Senility - Nephritis -* (120) How long *—*

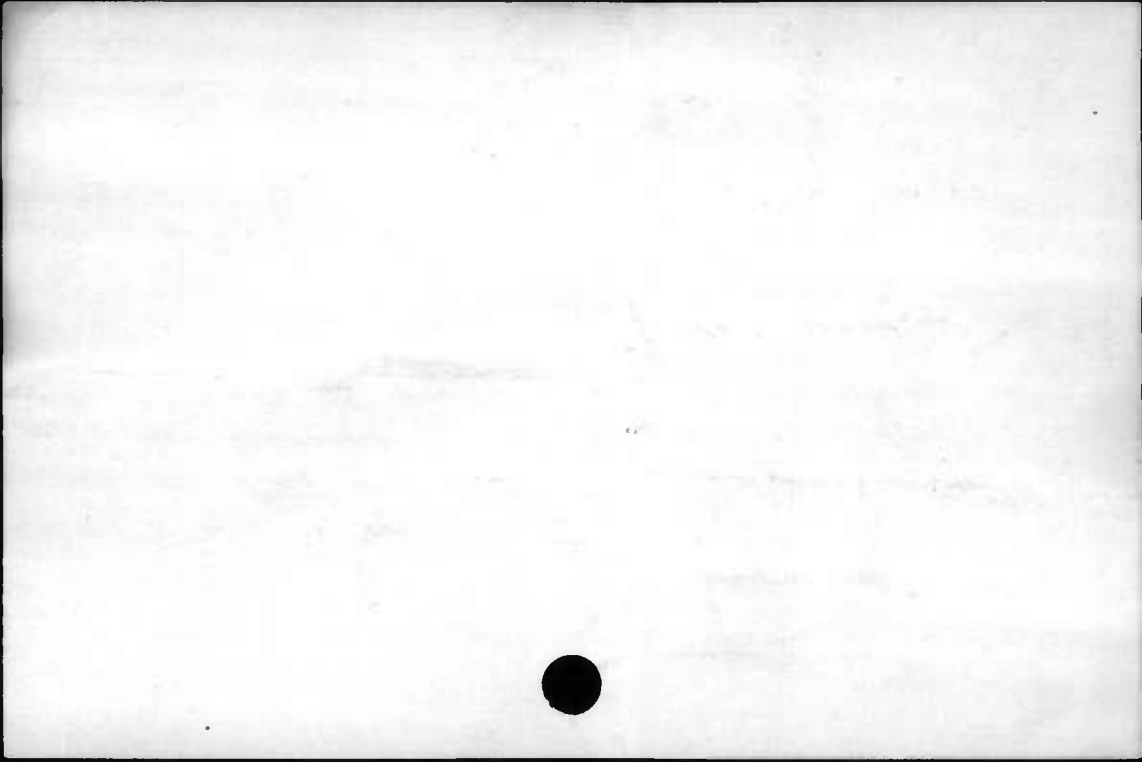
Immediate *Cardiac Asthenia* How long *About 2 years(?)*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Wm. B. Gambrell*

Address *Alberton, Md.*

Accident or Suicide? *✓*



Name
in
Full

Susan Fuller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pin Orchard</i>		Town <i>Howard</i>		County <i>Howard</i>		MARYLAND	
Date of death 1906	Month <i>Jan</i>	Day <i>8</i>	Age <i>62</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Howard Co Md</i>				
Married, Single or Widowed <i>Married</i>	Occupation <i>House Keeper</i>						
Name of Wife or Husband <i>Joshua Fuller</i>							
Father's Name <i>Smith</i>				Father's Birthplace <i>Howard Co Md</i>			
Mother's Maiden Name <i>Helen Smith</i>				Mother's Birthplace <i>" " Md</i>			
Name of person giving information <i>Joshua Fuller</i>				How related to deceased <i>Husband</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Carcinoma of Uterus</i>	How long <i>6 months</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>L. J. Durkin</i>
	Address <i>Ellicott City, Md</i>
Accident or Suicide? <i>X</i>	



Name
In,
Full

CERTIFICATE OF DEATH

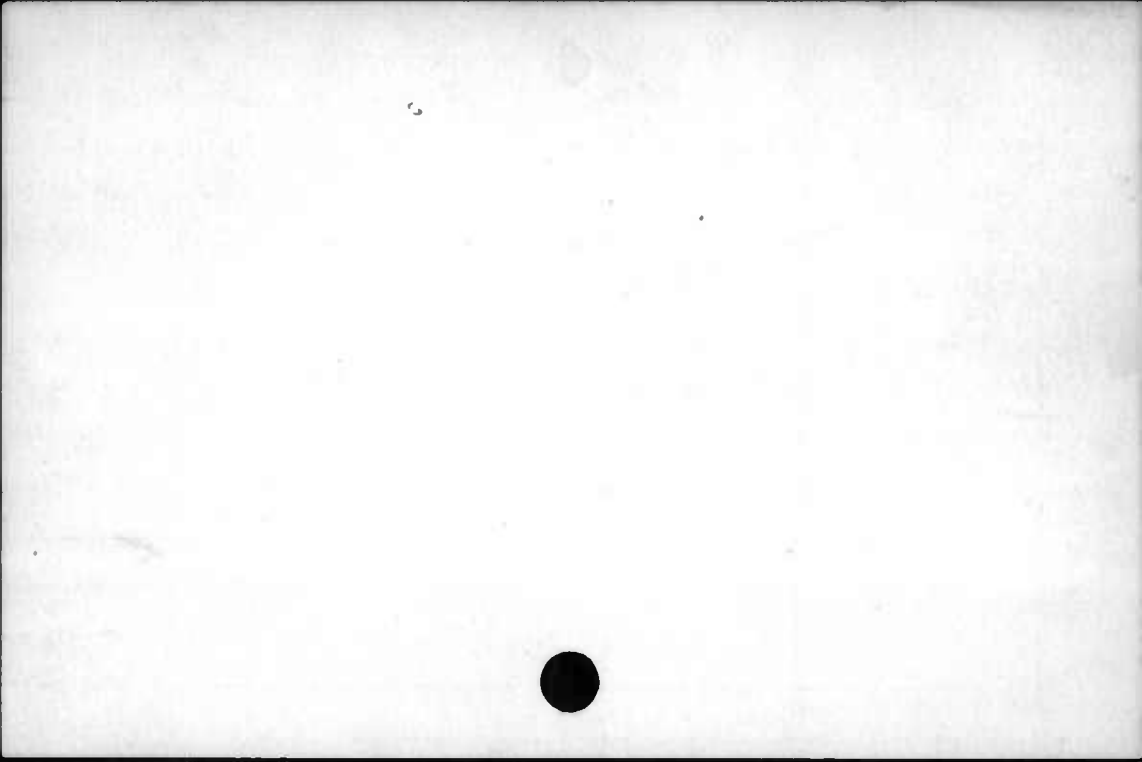
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highland</i>		Town <i>Howard</i>		County <i>Howard</i>		MARYLAND	
Date of death 1906	Month <i>January</i>	Day <i>11th</i>	Age <i>69</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>New, Castle England</i>					
Married, Single or Widowed <i>Married</i>	Occupation <i>Housewife</i>						
Name of Wife or Husband <i>David Jones</i>							
Father's Name <i>Brumell</i>		Father's Birthplace <i>New Castle England</i>					
Mother's Maiden Name <i>"</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Clinton F. Lewis</i>		How related to deceased <i>None</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Ascending Paralysis</i>	How long <i>Six mos</i>
Immediate <i>Marasmus</i>	How long <i>two weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. W. L. Crissel</i>
	Address <i>Highland, Md.</i>
Accident or Suicide?	



Name
in
Full

Edith Harden


CERTIFICATE OF DEATH

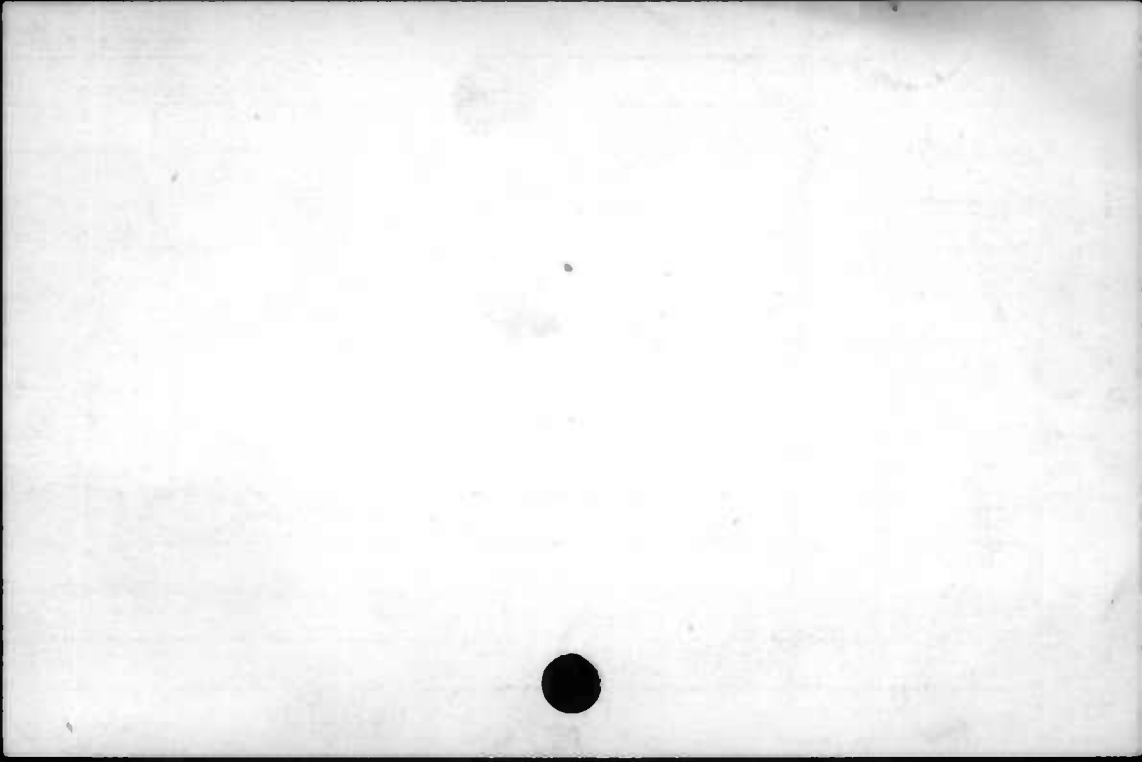
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Guilford		^{County} Howard		MARYLAND	
Date of death	1906	^{Month} January	^{Day} twelfth	^{Years} Age Five	^{Months} eleven ^{Days} fifteen
Sex	Female		Color or Race	Colored	
Occupation	none		Where Residing if not at place of death	at place of death	
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	James Harden			Father's Birthplace	Guilford, Md.
Mother's Maiden Name	Anna			Mother's Birthplace	Guilford, Md.
Name of person giving information	James Harden			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid (Relapse) 		How long	Six weeks
Immediate	Secondary Pneumonia		How long	Four days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	E. D. Pallin
			Address	Guilford, Md. Howard County
Accident or Suicide?				



Name
in
Full

Charles E. Harman

CERTIFICATE OF DEATH

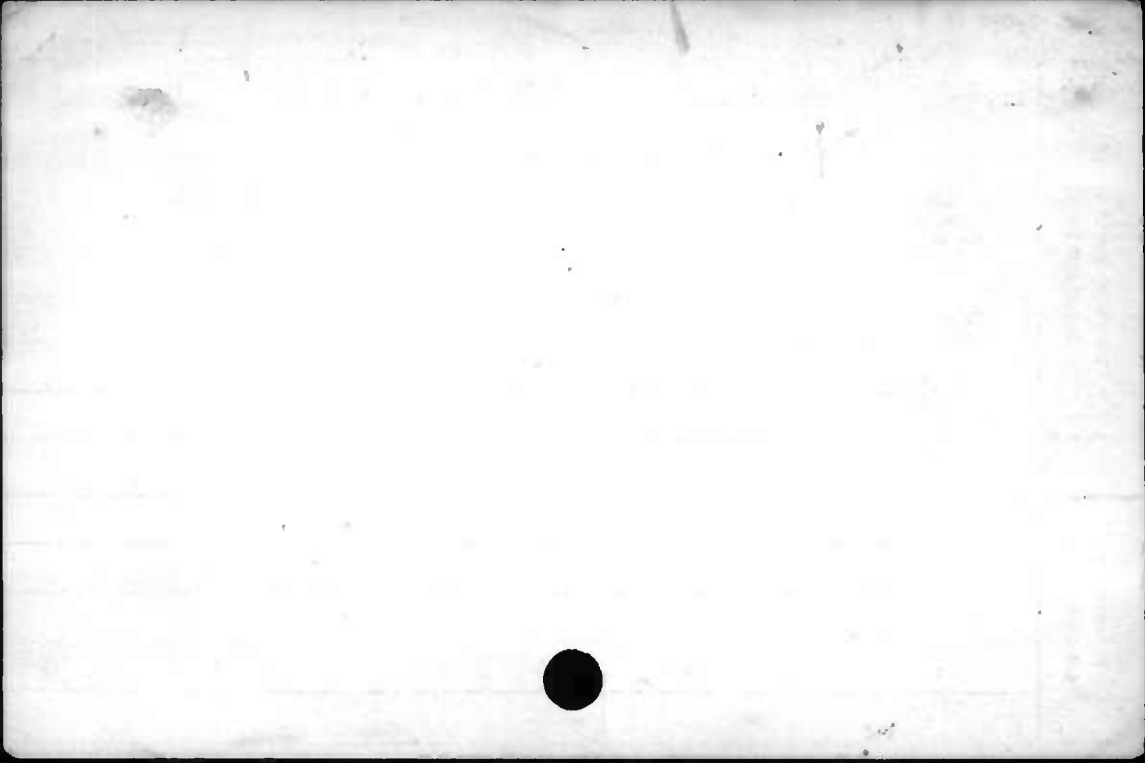
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Gaithers</i> Town		<i>Kennard</i> County		MARYLAND	
Date of death 1906	Month <i>Jan</i>	Day <i>14</i>	Age <i>59</i>	Months <i>2</i>	Days <i>8</i>
Sex <i>male</i>	Color or Race <i>German</i>		Birth-place <i>Maryland</i>		
Married, Single Widowed			Occupation <i>Harmer</i>		
Name of Wife Husband <i>Angeline B. Harman</i>					
Father's Name <i>August Harman</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Not Known</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>Ernest C. Harman</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Hemiplegia</i>	How long <i>about 2 months</i>
Immediate <i>General prostration</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Benj. F. Shapley M.D.</i>
	Address <i>Alpha Md</i>
Accident or Suicide?	



Name
In
Full

Doctor Wm E. Hodges

CERTIFICATE OF DEATH

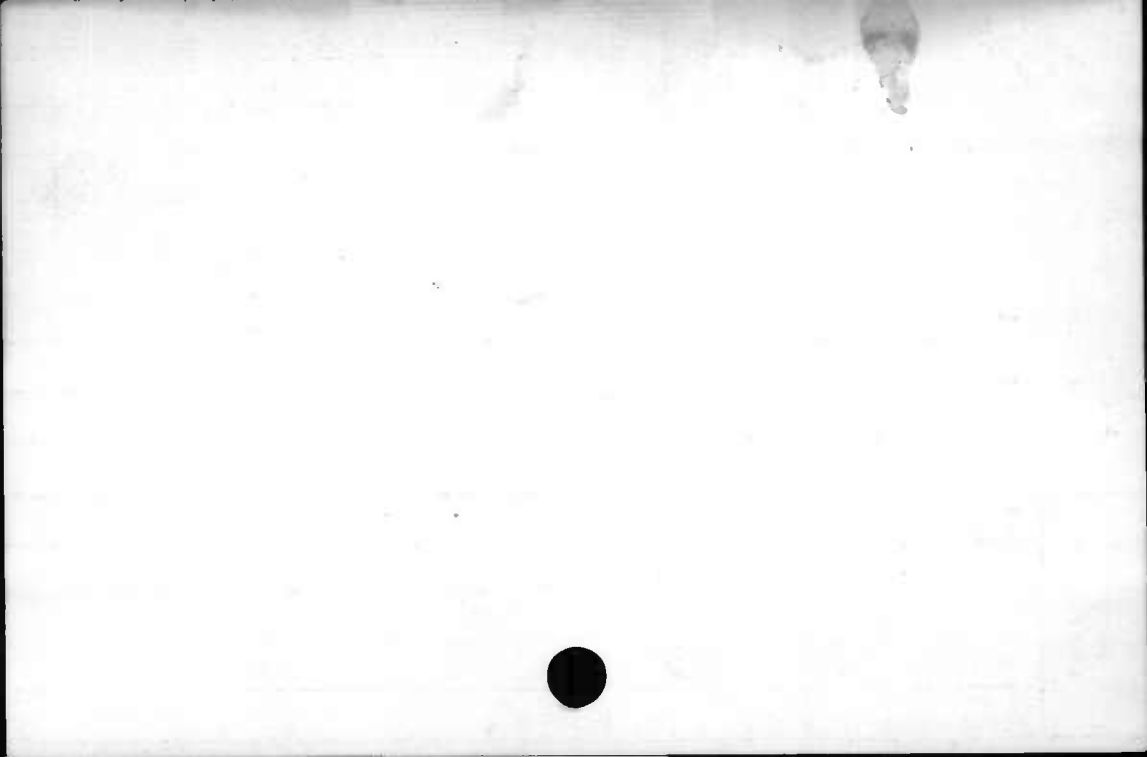
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Ellicott City</i>		County <i>Howard</i>		State <i>MARYLAND</i>	
Date of death 190	Month <i>January</i>	Day <i>16</i>	Age <i>71</i>	Years	Months <i>—</i>	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Cambridge</i>				
Married, Single or Widowed <i>Married</i>			Occupation <i>Physician</i>				
Name of Wife or Husband <i>Galena Northampton</i>							
Father's Name <i>Wm Hodges</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Sallie Hodges</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Thos Boring</i>				How related to deceased <i>not stated</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer of Liver</i>	How long <i>40</i>
Immediate <i>Edema of Lungs</i>	How long <i>2 yrs</i>
Are the name, age, sex, color, date and place correctly given above?	How long <i>3 weeks</i>
	Signature of Physician <i>Thos Boring</i>
	Address <i>Ellicott City</i>
Accident or Suicide?	



Name
in
Full

Henry Blumenski 13/1/1906

CERTIFICATE OF DEATH

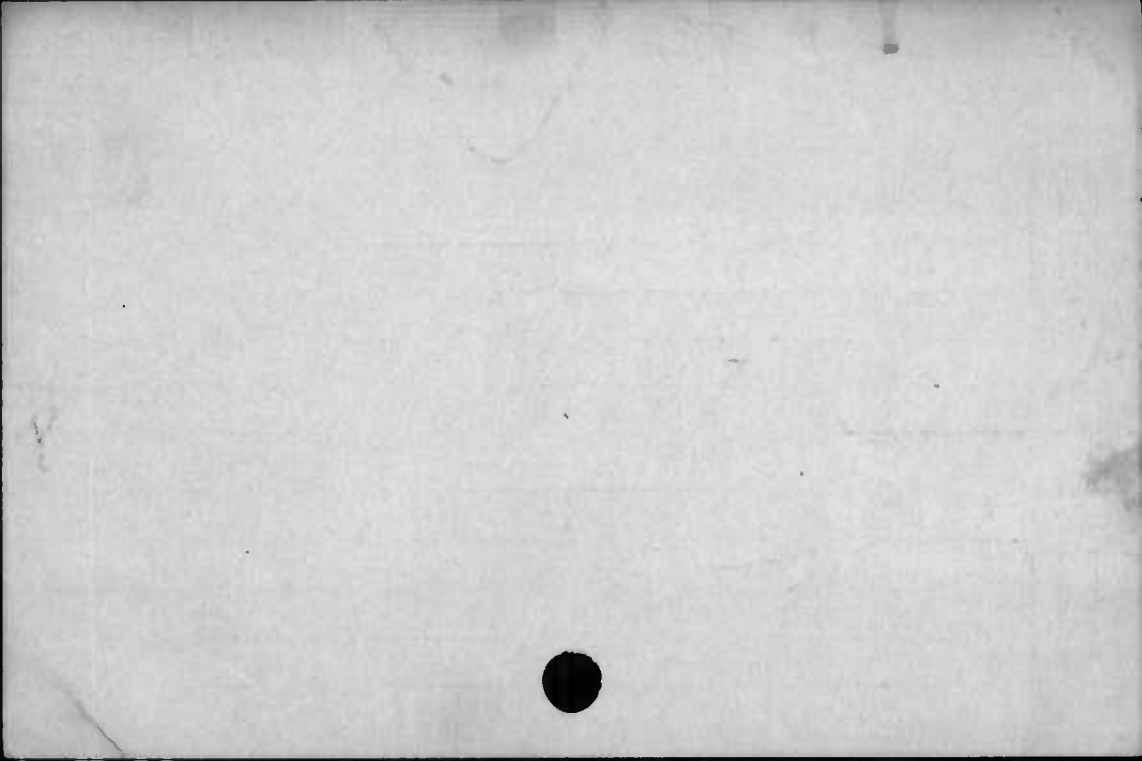
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Dorsey</i> Town		<i>Howard</i> County		MARYLAND	
Date of death 1906	Month <i>January</i>	Day <i>13</i>	Age Years <i>45</i>	Months	Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Poland</i>		
Occupation <i>laborer</i>	Where Residing if not at place of death <i>Baltimore Md</i>				
Married, Single or Widowed		Name of Wife or Husband			
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>accidental</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>Wm. H. Bell</i>
		Address <i>Elkridge Md.</i>
Accident or Suicide?		



Name
in
Full

Ann Minker

CERTIFICATE OF DEATH

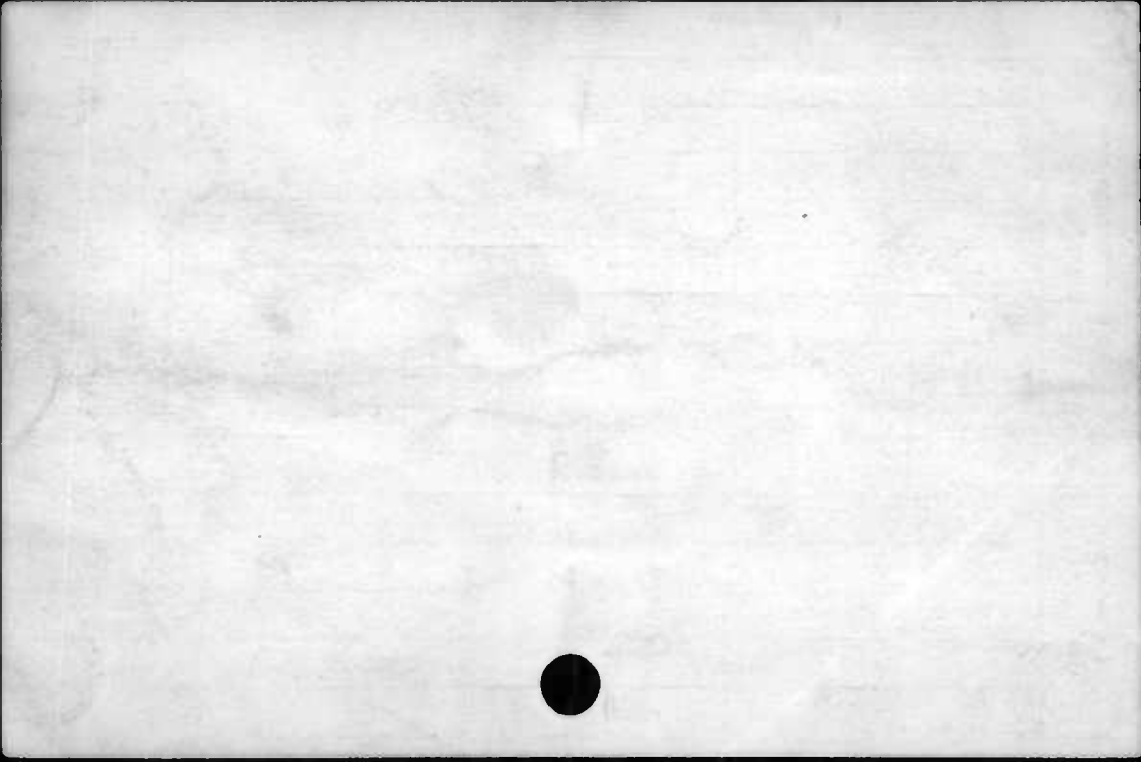
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Woodstock</i> <small>Town</small>		<i>Howard</i> <small>County</small>		MARYLAND	
Date of death <i>1906 Jan 7</i>	<small>Month</small>	<small>Day</small>	Age <i>84 about</i>	<small>Years</small>	<small>Months</small> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Pa</i>		
Occupation <i>none</i>	Where Residing if not at place of death <i>Same</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>SK</i>	Father's Birthplace <i>SK</i>				
Mother's Maiden Name <i>SK</i>	Mother's Birthplace <i>SK</i>				
Name of person giving information <i>Sam Redman</i>	How related to deceased <i>none</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Similarity</i>	How long <i>wake</i>
Immediate <i>Cardiac Asthma</i>	How long <i>few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. J. Stephens</i>
	Address <i>Grant</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

Sarah F. Porter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Ellicott City* ^{County} *Howard* **MARYLAND**

Date of death *1906* ^{Month} *January* ^{Day} *4* ^{Years} *80* ^{Months} *—* ^{Days} *—*

Sex *Female* Color or Race *White* Birth-place *Md.*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Allen Porter* Father's Birthplace *Md*

Mother's Maiden Name *Annistacia* Mother's Birthplace *Md*

Name of person giving information *Benjamin Coombs.* How related to deceased *none*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Acute Pneumonia* ^{How long} *5 days*

Immediate

Are the name, age, sex, color, date and place correctly given above?

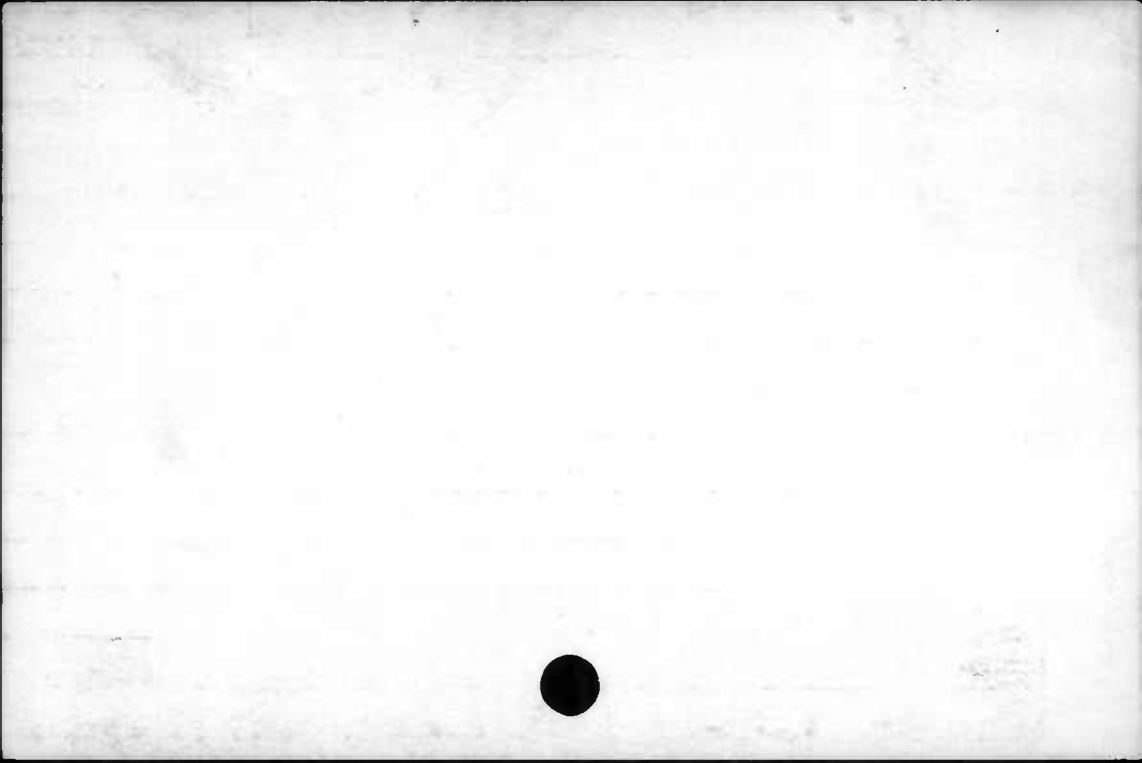
Yes.

Signature of Physician

Address

J. H. B. Rogers and
Ellicott City, Md

Accident or Suicide?



Name in Full

Certificate of Death

James Sylvester Ridgley

Town

County

MARYLAND

Died at

Mount Union

Howard

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

06 - Jan

12

Age

79 - 4 - -

Maryland

Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

6

Husband

of

Wife

Father's

Name

Isaac Ridgley

Mother's

Maiden Name

Sarah Howard

Cause of

Primary

Hemorrhage left side

How long sick

12 days

Death

Immediate

by exhaustion

Accident, Suicide, Homicide

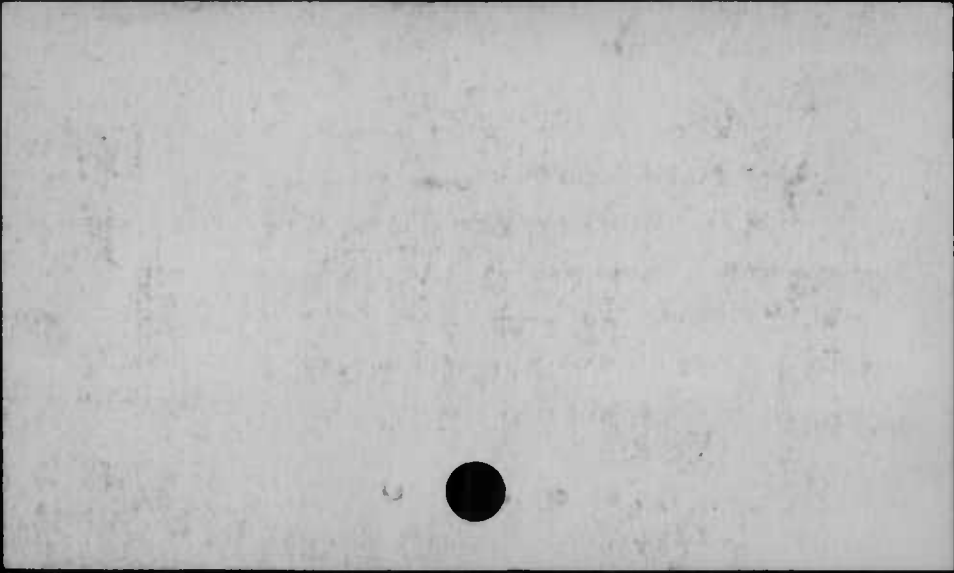
Reported by

J. W. Stubbins M. D.

Address

West Friendship, Howard County

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Milton Welch Shipley				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Mt View		County Howard		MARYLAND
	Date of death	1906	Month Jan	Day 18	Age 79	Years	Months Days
	Sex	Male		Color or Race	White		Birth- place
	Occupation	Farmer		Where Residing if not at place of death		Daughter -	
	Married, Single or Widowed	Widower		Name of wife or Husband		Jane Dougherty	
	Father's Name	Zalbert G. Shipley				Father's Birthplace	MD.
	Mother's Maiden Name	Sallie W. Asfield				Mother's Birthplace	MD.
Name of person giving In formation	Kate Slack				How related to deceased	Daughter	
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary		Endocarditis & Nephritis			How long	
	Immediate		Anasarca			How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address		
Accident or Suicide?				John W. H. M. D. West Frederick, Md. Howard County, Md.			



Name
in
Full

Wm H Snowden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at San Laurel in Howard County MARYLAND

Date of death 190 4 Month 1 Day 7 Age 50-60 Years Months Days

Sex male Color or Race Negro Birth-place Ind

Occupation Labourer Where residing if not at place of death at his home

Married, Single or Widowed married Name of Wife or Husband Agnes Foster

Father's Name Wm Snowden Father's Birthplace Ind

Mother's Maiden Name Wm Jones Mother's Birthplace Ind

Name of person giving information Agnes Snowden How related to deceased wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

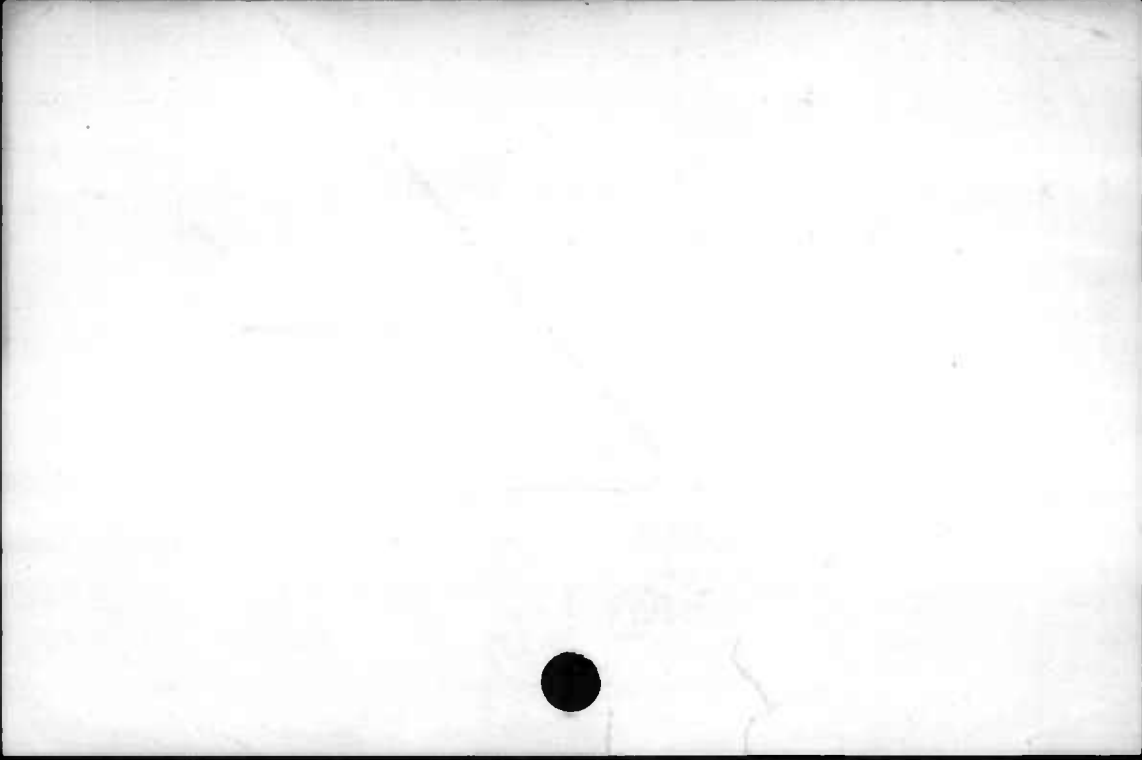
Primary Typhoid Fever 1 How long 2 mo.

Immediate Exhaustion How long prognosis

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician J. W. Cunningham M.D.

Address Savage

Accident or Suicide? Missis ✓ Ind



Name
in
Full

David Thomas

CERTIFICATE OF DEATH

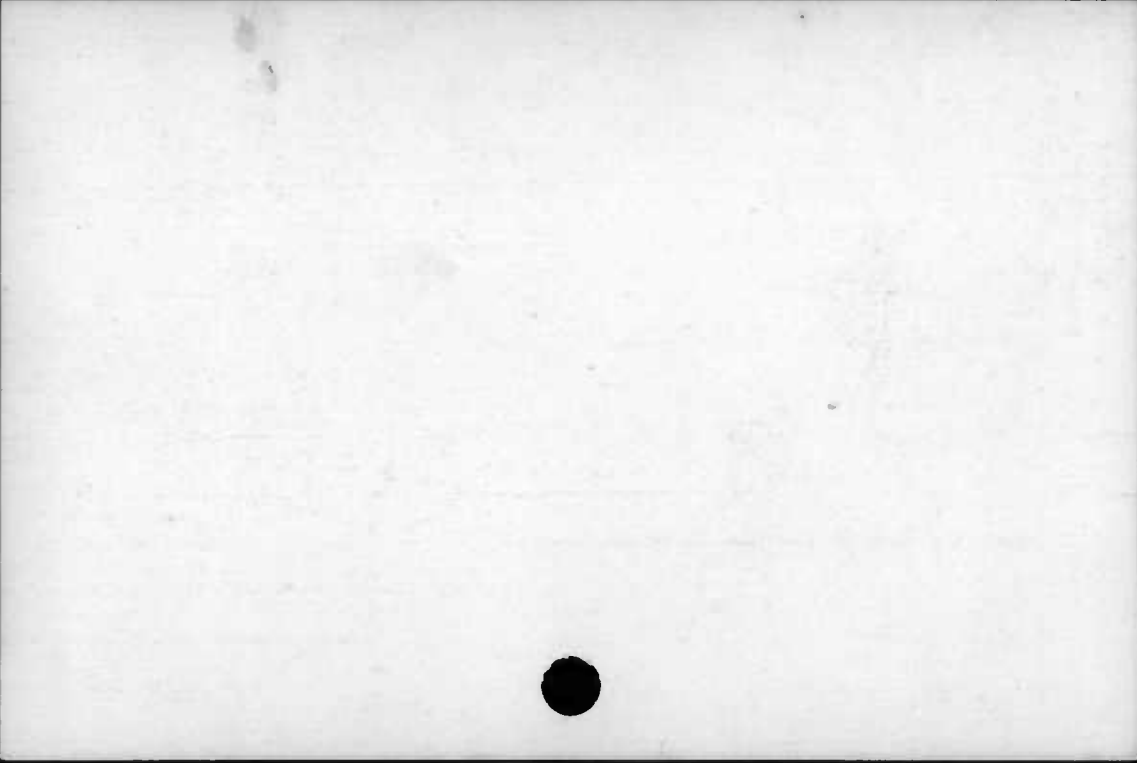
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Grieford		County Howard		MARYLAND	
Date of death	1906	Month 1	Day 4	Age 63	Years	Months 0	Days 8
Sex	male		Color or Race	negro		Birth- place	Md
Occupation	Laborer			Where Residing if not at place of death Grieford			
Married, Single or Widowed	married		Name of Wife or Husband	Mollie Thomas			
Father's Name	Don't know			Father's Birthplace	Don't know		
Mother's Maiden Name	Don't know			Mother's Birthplace	Don't know		
Name of person giving In formation	David Thomas Jr			How related to deceased	Son -		

CAUSES OF DEATH

Primary	Purulent Meningeal Hemorrhage		How long	6 mos -
Immediate	Shock		How long	1 day -
Are the name, age, sex, color, date and place correctly given above?		yes		
Signature of Physician		M. L. Williams M.D.		
Address		Savage Md		
Accident or Suicide?		no		

PHYSICIAN
OR CORONER



Name

in
Full

Susan Tols.

CERTIFICATE OF DEATH

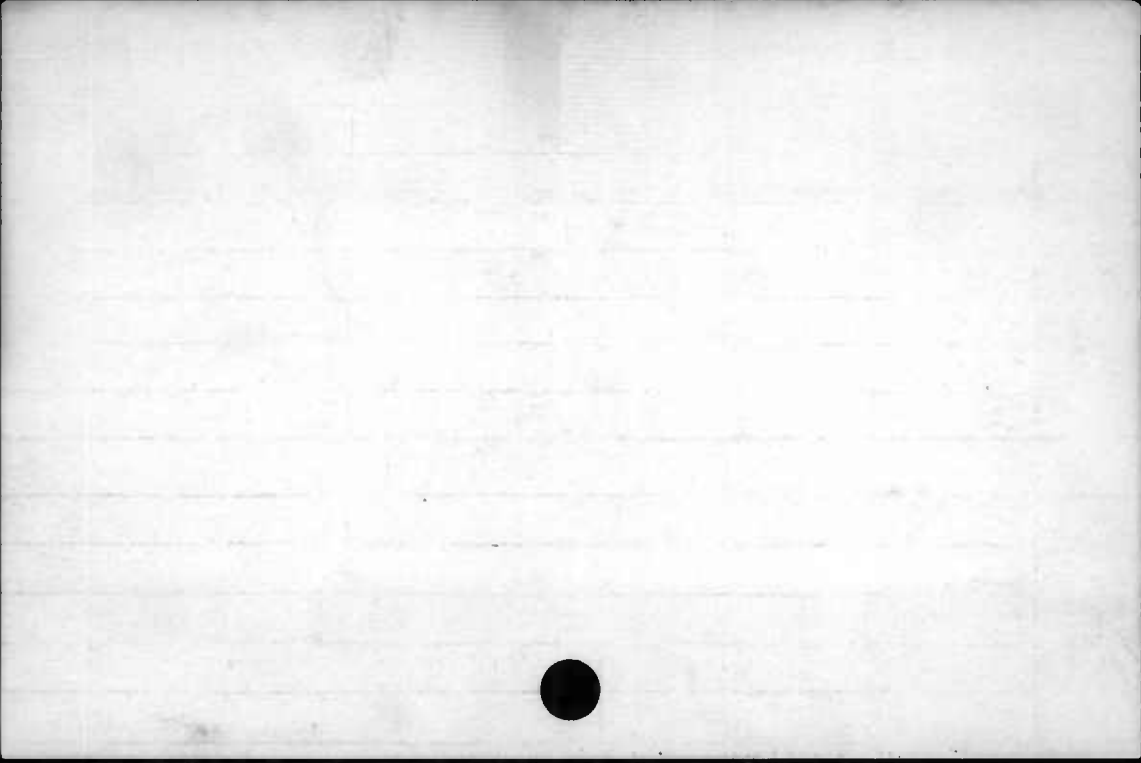
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Ellicott City		County Howard		MARYLAND	
Date of death 1906		Month Jan		Day 24		Age 56	
Sex Female		Color or Race Colored		Birth- place Maryland			
Married, Single or Widowed Married		Occupation					
Name of Wife or Husband Washington Tols.							
Father's Name Edward Miles		Father's Birthplace Md					
Mother's Maiden Name Miles		Mother's Birthplace					
Name of person giving in formation Washington Tols		(10)		How related to deceased Husband			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Influenza		How long 10 days	
Immediate Heart-failure want-of care		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. J. Byrne	
		Address Ellicott City, Md	
Accident or Suicide?		✓	



Name in Full

Certificate of Death

Robert- Tyler

Died at *West Friends hip* Town *Howard* County *MARYLAND*

Date 19 *06* Jan. *12* Month Day Age *61* - - Y. M. D. Native of *Maryland* Occupation *Laborer*

Male *White* Married *Widow* Divorced *8*
 Female *Colored* Single *Widower* Number of children living

Husband of *Campsey del* *Burton*
 Wife *Robert-Tyler* Father's Name *Fanny Fletcher* Mother's Name

Cause of Death { Primary *Heart Failure* Immediate *Heart Failure* *179* How long sick *instant* Accident, Suicide, Homicide

Reported by *John W. Tyler*
 Address *West - Friends hip Md -*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



,

Miss *Louisa W. Warfield*
 Town *Glenn* County *Howard* *Co.* MARYLAND

Died at *Glenn* *Howard Co.*

Date 1906 *January 6* Month *Jan* Day *6* Y. *83* M. *6* D. *10* Native of *Maryland* Occupation *Housekeeper*

Male *White* Married *Widow* Divorced *Female* Colored *Single* Widower *Number of children living*

Husband of *Benjamin Warfield*

Father's Name *Benjamin Warfield* Mother's Name *Mary Thomas Warfield*

Cause of Death { Primary *Pneumonia* Immediate *Failing of vital power*

How long sick *ten days*

Accident, Suicide, Homicide

Reported by *J. M. Sills*

Address *Glenn Howard Co. Md.*

Miss M. J. Johnson

1030 North Grand St

Rockford, Ill.

Name in Full

Certificate of Death

Robert Watkins

Died at ^{Town} *Glenlyon* - ^{County} *Howard* MARYLANDDate 1906 ^{Month} *Jan* ^{Day} *5* Age ^{Y.} *-* ^{M.} *3* ^{D.} *-* Native of *Ind* - Occupation *-*

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's Name *Lewis Watkins* Mother's Maiden Name *Georganna Carroll*Cause of Death { Primary *Convulsion* Immediate *Emphysema* } How long sick *4 days* (10) Accident, Suicide, HomicideReported by *Dr. C. S. H. Jr.*Address *West Friend St. N. E.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Marion Downey Wells				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died	near Elk Ridge		Howard		MARYLAND		
	Date of death	1906	Month Jan'y	Day 29	Age 5	Months —	Days 7	
	Sex	Female		Color or Race	White		Birth-place	Maryland
	Occupation	—			Where Residing if not at place of death			—
	Married, Single or Widowed	Single		Name of Wife or Husband		—		
	Father's Name	Jacob Wells				Father's Birthplace	Maryland	
	Mother's Maiden Name	Ida M. Rodgers				Mother's Birthplace	Maryland	
PHYSICIAN OR CORONER	Name of person giving information	Ida M. Wells				How related to deceased	Mother	
	CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Lobar pneumonia (bilateral)				How long	6 days	
	Immediate	Toxaemia & cardiac failure				How long	8 hours	
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
	yes				M. R. Eareckson			
					Address			
				Elk Ridge, Md				
Accident or Suicide?				—				

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